



Northampton Parks & Recreation Aquatic and Family Center

located at JFK Middle School, 100 Bridge Rd., Florence, MA



Knitting Fall 2023



This project class will offer the basics for first time knitters as well as provide early and intermediate knitters with specific how-to's like buttonholes, turning a heel, finishing, top-down knitting, repairs, and help with projects. Lots of handouts. Beth is a local instructor with over 30 years experience.

EVENING CLASS **Wednesday 5:00 - 7:00 pm**

Dates: September 6 - October 11 (6 classes)

Location: Aquatic & Family Center Library

Fee: Resident: \$42
Non-Resident: \$54

No Walk-Ins for this class

Beginner/New Knitters will need to bring a skein of worsted weight yarn (not a dark color), a pair of straight needles size 7 or 8, a pair of scissors, and a measuring device (ruler, measuring tape or Knit Chek). Others should bring something to work on/a project you may need help with.

Registrations accepted online or at the AFC, 100 Bridge Road, Florence, MA
Mon-Fri 4:00-7:30 pm, 413-587-1046
or
Northampton Parks & Rec Department, 100A Bridge Road, Florence, MA
Mon-Fri 8:30 am-4:30 pm

**FOR MORE INFORMATION
& TO REGISTER**



SCAN ME

OPEN YOUR CAMERA APP ON YOUR PHONE
& FOLLOW THE PROMPT

413-587-1040

www.northamptonma.gov/recreation

Updated 8/1/23

NORTHAMPTON PARKS & RECREATION DEPARTMENT - REGISTRATION FORM

Today's Date: ____/____/____

PLEASE PRINT LEGIBLY

☐ New to Northampton
Parks & Recreation

☐ I have updated my
Information

ADULT 1

Name _____

Address _____

City _____ St _____ Zip _____

Phone: (H) (____) _____ (W) (____) _____

Cell (____) _____

Email: _____

ADULT 2

Name _____

Address _____

City _____ St _____ Zip _____

Phone: (H) (____) _____ (W) (____) _____

Cell (____) _____

Email: _____

EMERGENCY CONTACT OTHER THAN PARENT

Name _____

Phone (____) _____

Photo Release: May Northampton Parks & Recreation Department use photos of you or your family members for brochure, website, promotional use?

Yes ☐

No ☐

PARTICIPANT'S FULL NAME: _____

Gender _____

Date of Birth _____ School _____

Current Grade _____

Program Name	Start Date	Day(s)	Basic Fee	Total Fee
			\$	\$
			\$	\$

TOTAL FEE FOR PARTICIPANT

\$

Special Considerations/Comments (Use back if necessary) _____

Recreational and Volunteers Activities Release Form

I, the undersigned, do hereby consent to my participation in voluntary or recreation programs of the City of Northampton. I also agree to forever release the City of Northampton, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary or recreation programs of the City of Northampton from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the City of Northampton voluntary activities or programs. I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from participation in the City of Northampton voluntary activities or recreation programs. I further affirm that I have read this Consent and Release From and that I understand the contents of this Form. I understand that my participation is voluntary and that I am free to choose not to participate in said programs. By signing this form, I affirm that I have decided to participate in the City as a volunteer or in its recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer in voluntary activities with the City of Northampton or recreation programs.

Participant Signature or Parent/Legal Guardian if under 18 years old: _____

Date: _____

Charge my VISA ____ Master Card ____ Discover ____ Card # _____ Expiration _____

Name on Card _____ Signature _____

Office Use Only: Amt Rec'd \$ _____ Cash _____ Check # _____ Credit _____ Date _____ RT Date _____ Staff _____